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ABSTRACT

This brief paper summarizes principles of the Individual Family Service Plan (IFSP) as required under the Individuals with Disabilities Education Act, Part C. It lists five ways in which the IFSP differs from the Individualized Education Plan including the centrality of the family. Steps that lead to effective IFSPs are identified. These include: (1) identify family concerns, priorities, and resources; (2) identify the family's activity settings; (3) conduct a functional assessment; (4) collaboratively develop expected outcomes; (5) assign intervention responsibilities; and (6) identify strategies to implement the plan. The paper urges use of intervention strategies that help promote generalization of outcomes, target several outcomes during one activity, help a child become more independent in his/her world, and are provided within natural environments. Guidelines for conducting both ongoing and periodic evaluations of an early intervention program are also offered. (DB)

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The Individual Family Service Plan (IFSP)

Mary Beth Bruder

An Individualized Family Service Plan (IFSP) documents and guides the early intervention process for children with disabilities and their families. The IFSP is the vehicle through which effective early intervention is implemented in accordance with Part C of the Individuals with Disabilities Education Act (IDEA). It contains information about the services necessary to facilitate a child's development and enhance the family's capacity to facilitate the child's development. Through the IFSP process, family members and service providers work as a team to plan, implement, and evaluate services tailored to the family's unique concerns, priorities, and resources.

According to IDEA, the IFSP shall be in writing and contain statements of

1. the child's present levels of physical development, cognitive development, communication development, social or emotional development, and adaptive development.
2. the family's resources, priorities, and concerns relating to enhancing the development of the child with a disability;
3. the major outcomes to be achieved for the child and the family, the criteria, procedures, and timelines used to determine progress; and whether modifications or revisions of the outcomes or services are necessary;
4. specific early intervention services necessary to meet the unique needs of the child and the family, including the frequency, intensity, and the method of delivery;
5. the natural environments in which services will be provided, including justification of the extent, if any, to which the services will not be provided in a natural environment;
6. the projected dates for initiation of services and their anticipated duration;
7. the name of the service provider who will be responsible for implementing the plan and coordinating with other agencies and persons; and
8. steps to support the child's transition to preschool or other appropriate services.

U.S. Department of Education rules (1993) require that non-Part C services needed by a child, including medical and other services, are also described in the IFSP, along with the funding sources for those services. The statute allows parents to be charged for some services. If a family will be charged, this should be noted in the IFSP.

How the IFSP Differs from the IEP

The IFSP differs from the IEP in several ways:

- It revolves around the family, as it is the family that is the constant in a child's life.
- It includes outcomes targeted for the family, as opposed to focusing only on the eligible child.
- It includes the notion of natural environments, which encompass home or community settings such as parks, child care, and gym classes. This focus creates opportunities for learning interventions in everyday routines and activities, rather than only in formal, contrived environments.
- It includes activities undertaken with multiple agencies beyond the scope of Part C. These are included to integrate all services into one plan.
- It names a service coordinator to help the family during the development, implementation, and evaluation of the IFSP.

Steps that Lead to Effective IFSPs

- *Identify Family Concerns, Priorities, and Resources.* The family's concerns, priorities, and resources guide the entire IFSP process. Early intervention should be seen as a system of services and supports available to families to enhance their capacity to care for their children. The notion of partnership between the intervention team and the family must be introduced and nurtured at this beginning point of the IFSP process.
- *Identify the Family's Activity Settings.* All children develop as the result of their everyday experiences. It is important to document valued, enjoyable routines (bath time, eating, play activities, etc.) and analyze them to see if they offer the sustained engagement that leads to learning opportunities. Likewise, it is important to identify the community activity settings (e.g., child care, gymboree, swimming) that provide opportunities for learning.
- *Conduct a Functional Assessment.* An effective assessment process
  - addresses the family's questions about enhancing their child's development, focusing on each family member's concerns and priorities.
  - collects information for a specific purpose, for example, the evaluation conducted by the early interventionist at the beginning of the IFSP process determines if the child is eligible for services.
  - reflects a complete and accurate picture of the child's strengths, needs, preferences for activities, materials, and environments.
  - has a person familiar to the child conduct observations and other assessments in settings familiar to the child (e.g., home, outdoor play area, child care program).

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- *Collaboratively Develop Expected Outcomes.* After assessment information is collected, the team meets to review the information and the family's concerns, priorities, and resources to develop statements of expected outcomes or goals. Active family involvement is essential. Collaborative goals focus on enhancing the family's capacity and increasing the child's participation in valued activities.
- *Assign Intervention Responsibilities.* After outcomes are identified, the early intervention team assigns responsibilities for intervention services that support those outcomes. An IFSP requires an integrated, team approach to intervention. Using a transdisciplinary team model is one method of integrating information and skills across professional disciplines. In the transdisciplinary model, all team members (including the family) teach, learn, and work together to accomplish a mutually agreed upon set of intervention outcomes. Individuals' roles are defined by the needs of the situation rather than by the function of a specific discipline.

  In a transdisciplinary model, one or a few people are primary implementers of the program. Other team members provide ongoing direct or indirect services, such as consultation. For example, an occupational therapist can observe a toddler during meals, then recommend to the parent how to physically assist the child.
- *Identify Strategies to Implement the Plan.* This step involves working closely as a team to increase learning opportunities, to use the child's surroundings to facilitate learning, to select the most effective strategies to bring about the desired outcomes, and identify reinforcers that best support the child's learning. Implementation may involve a toddler participating in a library story hour one afternoon a week; a physical therapist showing family members how to use adaptive equipment; or a service coordinator completing the paperwork to pay for a child's transportation from his or her home to needed services.

Intervention strategies should help promote generalization of outcomes–i.e., the child performs new skills in a variety of environments after intervention has ended. For example, both service providers and family members can encourage a child to request desired objects (e.g., toys) with gestures in numerous environments (e.g., home, playgroup, child care).

Interventions should target several outcomes during one activity. When a child participates in an activity, he or she uses a variety of skills from a number of developmental areas. For example, during mealtimes, a toddler may use communication skills to request more juice, fine motor skills to grasp a spoon, a social skills to interact with a sibling.

Intervention strategies should help a child become more independent in his or her world. The selected strategies might involve offering physical assistance during mealtimes, prompting the correct response during a self-care routine, or providing simple pull-on clothing to enable a child to dress without assistance.

Interventions provided within natural environments should look like a "typical activity." For instance, a child learning to develop her fine motor skills should be encouraged to color, draw pictures, play with puzzles, build with blocks, pick up her toys, use eating utensils, play finger games, etc. Ideally, interventions should

- Be embedded in everyday natural environments.
- Emphasize the acquisition of functional competencies.
- Make it possible to increase a child's participation within the environments.
- Include both social and non-social activities.

Evaluate Early Intervention to Ensure Quality

Both ongoing and periodic evaluations are essential to any early intervention program. An evaluation may focus on a child's progress toward obtaining desired outcomes and upon the quality of the intervention program itself. Ongoing monitoring of the child's progress requires keeping records in a systematic manner in order to answer such critical questions as

- To what extent and at what rate is the child making progress toward attaining outcomes?
- Are the selected intervention strategies and activities promoting gains in development?
- Do changes need to be made in the intervention plan?

Periodically reviewing the IFSP provides a means of sharing results about the child's progress and integrating these results into the plan. Part C of IDEA requires that the IFSP be evaluated and revised annually and that periodic reviews be conducted at least every six months (or sooner if requested by the family). This ongoing process provides a continual support to the family and child as they realize their own strengths and resources to help their child learn.

Resources

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